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EVALUATION OF ANXIETY AND DEPRESSIVE SYMPTOMS BEFORE PERFORMING SEXUAL REASSIGNMENT SURGERY IN TRANSSEXUAL INDIVIDUALS WITH GENDER DYSPHORIA - A PROSPECTIVE STUDY

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Introduction: The endorsement for sex reassignment surgery (SRS) in Brazil for transsexual individuals with gender dysphoria requires a minimum two-year psychotherapeutic and endocrinological follow-up.The aims of this study were: (i) assess socio-demographical and clinical data in a group of transsexuals in a pre-surgical follow-up, (ii) evaluate the influence of treatment on anxiety and depressive symptoms, as well as analyze traits of the individuals' personalities.

Material and Methods: A longitudinal study designed with the evaluation of 73 individuals applying themselves for SRS during 2011. SCID-I was used to determine major mental disorders and functional impairment. Eleven individuals were excluded, and 62 were included in this study (51 transsexual women — born biologically male, and 11 transsexual men — born biologically female). Anxiety, depression levels and personality traits were assessed using the following self-reported instruments: Hamilton Anxiety Scale, Beck Depression Inventory and Multifactorial Personality Battery. Phase A of data collection took place before any endocrinological and psychological treatment, while Phase B before the first patient underwent SRS in 2014. Forty-three individuals answered the scales in phases A and B. Statistical analyzes were performed using non-parametric tests with a significance level of 5%.

Results: Mean age was 29,85 years old, SD: 8.17. 66% were employed and 8% of them were sex workers. 61% lived with family or partner and 13% had higher education. There were no differences in symptoms of anxiety and depression in the whole group during treatment, but transsexual men presented a decrease in depressive symptoms ($P < 0.01$). The percentage of very low response decreased in four of five personality traits.

Conclusions: There was no variation in anxiety and distress in transsexual individuals during pre-surgical treatment but differences in some aspects of personality were observed.

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CONSIDERATIONS ON A FIVE MONTHS TRAINING PROGRAM FOR HEALTH PROFESSIONALS IN THE TRANSGENDER THEME

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Introduction: A program of care for transsexual individuals with gender dysphoria has a multidisciplinary team at a General Clinical Hospital, directed by the Full Professor of Endocrinology. Three members of this team (two psychologists and one psychiatrist) treat transsexuals at the outpatient clinic specializing in sexuality coordinated by Associate Psychiatry Professor. Aiming professional qualification for three psychologists who assist individuals living with HIV / AIDS, the head of this department requested to the coordinator of the outpatient clinic, a training period for transgender for them. To address this subject a weekly theoretical / practical coaching is being developed covering: psychotherapeutic follow-up to transsexual individuals, supervision of care and theoretical meetings. Additionally a volunteer psychologist was designated to be trained. The aim of this study is to identify particularities and reflections raised during patient care, as well as the challenges for the outpatient team and the psychologists.

Material and Methods: This is a qualitative study based on experience report and knowledge exchange between four psychologists and health professionals specialized in sexuality.

Results: The contact with transgender people if nonexistent was small, which creates a gap in professional training during psychological and medical courses. Topics raised during training: (i) the need to re-dimension stereotypes concerning masculinity/femininity; (ii) the importance of expanding the understanding of the relationship between biological sex and the gender with which one identifies; (iii) psychodynamics of transsexual individuals has its own specificities, as well as the individuality of each subject.

Conclusions: All health professionals reiterate the idea that gender is a continuum and not binary (male / female), which allows a better understanding of sexual / gender diversity.

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ARE HEALTH PROFESSIONALS ABLE TO CARE AND DEAL WITH TRANSGENDER PATIENTS?

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Objective: This systematic review of the literature aimed to verify how health professionals treat, advise and deal with the several aspects and profiles of transgender persons.

Material and Methods: The PRISMA guide for systematic review was followed. PubMed, Cochrane, Embase, Scielo, Lilacs, PsycInfo, and Scopus databases were searched using the same keywords in the boolean formula: transgender or transgender mental health or gender nonconform* or gender dysphoria or transsexual* and mental health professional*, during May 2017, without any temporal restrictions. Only complete articles written in English, Portuguese, French, and Spanish were selected.

Results: Eighty-eight manuscripts were included. For the majority of them the methodology used was literature review, clinical trials with structured interviews, self-reported questionnaires and scales. This revision showed: (i) some health professionals experience dilemmas in treating those individuals, referring fear of incorrect decisions-making, and ethical concerns regarding treatments; (ii) lack of knowledge and formal education regarding transgender specific issues; (iii) twenty studies encourage the creation of training programs on the subject with affirmative approach for health professionals who intend to deal with this group of people; (iv) multidisciplinary team is needed to improve the service quality and to deliver better patient care in general; (v) twelve studies stimulate new educational programs to follow the guidelines intended to provide health care professionals with the necessary background knowledge to understand and treat this population.

Conclusions: There is clearly no "formula" for working with transgender individuals. Research indicates a profound lack of specific training and resources among health care providers.

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DEMYSTIFYING THE DIFFICULTIES OF ASKING ABOUT SEXUALITY

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Introduction: Prevalence of male and female sexual dysfunctions is high but patients' consultation or doctors questioning is much lower than the